

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER:	09 / 117799	RECEIPT DATE:	08 / 06 / 98
IA NUMBER: PCT/	DE97 / 00205	IA FILING DATE:	02 / 03 / 97
FAMILY NAME:	WOLFGANG	DELAY WAIVED (Y/N):	Y
GIVEN NAME:	FRAAS	DEMAND RECEIVED (Y/N):	Y
PRIORITY CLAIMED (Y/N):	Y	PRIORITY DATE:	02 / 06 / 96
NO BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:	P98,1428	COUNTRY:	DEX
CORRESPONDENCE NAME/ADDRESS:	CUSTOMER NUMBER:	TELEPHONE	
		FAX	

NAME: HILL STEADMAN & SIMPSON

STREET: 85TH FLOOR SEARS TOWER

CITY: CHICAGO

STATE/COUNTRY: IL ZIP: 60606

EMAIL:

APPLICATION TITLES:

DIGITAL SIGNAL TRANSMISSION SYSTEM

TAB TO LAST POSITION,PUSH SEND

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/117,799	08/06/98	370	2731	P98.1428

APPLICANT WOLFGANG FRAAS, WOLFRATSHAUSEN, FED REP GERMANY; KLAUS HUNLICH, NEUCHING, FED REP GERMANY.

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*  
VERIFIED

(none) *SS*

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*

VERIFIED THIS APPLN IS A 371 OF PCT/DE97/00205 02/03/97

(Yes) *SS*

\*\*FOREIGN APPLICATIONS\*\*\*\*\*

VERIFIED FED REP GERMANY 196 04 244.5

02/06/98

96  
96

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY DEX	SHEETS DRAWING 1	TOTAL CLAIMS 4	INDEPENDENT CLAIMS 1
Verified and Acknowledged		Examiner's Initials	Initials		

ADDRESS  
~~Stiff Hardin & White~~  
~~HILL STEADMAN & SIMPSON~~  
~~600 SEARS TOWER~~  
CHICAGO IL 60606-6473

TITLE  
DIGITAL SIGNAL TRANSMISSION SYSTEM

FILING FEE RECEIVED

\$930

FEES: Authority has been given in Paper  
No. \_\_\_\_\_ to charge/credit DEPOSIT ACCOUNT  
NO. \_\_\_\_\_ for the following:

- ☐ All Fees
- ☐ 1.16 Fees (Filing)
- ☐ 1.17 Fees (Processing Ext. of time)
- ☐ 1.18 Fees (Issue)
- ☐ Other \_\_\_\_\_
- ☐ Credit